

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012591	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2013
NAME OF PROVIDER OR SUPPLIER DINAMIC HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7826 CALUMET AVE STE C MUNSTER, IN 46321		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments This was a state home health complaint investigation. Complaint # IN00122358 - Unsubstantiated: Lack of sufficient evidence. State deficiencies unrelated to the allegation were cited. Facility #: 12591. Medicaid Vendor #: N/A. Survey Dates: 1/22 - 23/13. Medical Records Reviewed: 3. Surveyor: Janet Brandt, RN, PHNS. Quality Review: Joyce Elder, MSN, BSN, RN January 28, 2013 This survey was modified as the result of an IDR 2/18/13. je	N 000		
N 446	410 IAC 17-12-1(c)(3) Home health agency administration/management Rule 12 410 IAC 17-12-1(c)(3) Sec. 1(c)(3) The administrator, who may also be the supervising physician or registered nurse required by subsection (d), shall do the following: (3) Employ qualified personnel and ensure adequate staff education and evaluations. This RULE is not met as evidenced by: Based on personnel record and policy review and interview, the administrator failed to employ a qualified alternate director of nursing for 1 of 1	N 446		2/11/13

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

7FVG11

If continuation sheet 1 of 5

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N 446	Continued From page 1 agency with the potential to affect all patients of the agency. The findings include: 1. Employee A, on 1-22-13 at 10:00 AM, indicated employee B was pending approval from the Indiana State Department of Health for the position of alternate director of nursing. No one currently was in the alternate director of nursing position. 2. On 1-23-13 at 11:00 AM, Employee A indicated that Employee B failed to meet qualification standards for the alternate director of nursing position per the Indiana Department of Health correspondence dated 1-7-13. Employee A indicated agency management felt the failure of Employee B to meet required standards for the alternate director of nursing position was due to Employee B not having a current Indiana nursing license. Employee A indicated Employee B was in the process of obtaining a nursing license for Indiana. 3. Agency policy #D-180, undated, titled "Personnel Records" states, "All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service." 4. Personnel file B failed to evidence a current Indiana license.	N 446			
N 454	410 IAC 17-12-1(d) Home health agency administration/management Rule 12 Sec. 1(d) The person or similarly qualified alternate shall be on the premises or capable of being reached immediately by phone,	N 454		2/11/13	

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N 454	<p>Continued From page 2</p> <p>pager or other means. In addition, the person must be able to:</p> <ul style="list-style-type: none"> (1) respond to an emergency; (2) provide guidance to staff; (3) answer questions; and (4) resolve issues; <p>within a reasonable amount of time, given the emergency or issue that has been raised.</p> <p>This RULE is not met as evidenced by: Based on personnel record and policy review and interview, the agency failed to ensure the agency had an alternate director of nursing for 1 of 1 agency with the potential to affect all patients of the agency.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Employee A, on 1-22-13 at 10:00 AM, indicated employee B was pending approval from the Indiana State Department of Health for the position of alternate director of nursing. No one currently was in the alternate director of nursing position. 2. On 1-23-13 at 11:00 AM, Employee A indicated that Employee B failed to meet qualification standards for the alternate director of nursing position per the Indiana Department of Health correspondence dated 1-7-13. Employee A indicated agency management felt the failure of Employee B to meet required standards for the alternate director of nursing position was due to Employee B not having a current Indiana nursing license. Employee A indicated Employee B was in the process of obtaining a nursing license for Indiana. 	N 454			

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N 454	Continued From page 3 3. Agency policy #D-180, undated, titled "Personnel Records" states, "All employees caring for patients in Indiana shall be subject to Indiana licensure, certification, or registration required to perform the respective service." 4. Personnel file B failed to evidence a current Indiana license.	N 454			
N 522	410 IAC 17-13-1(a) Patient Care Rule 13 Sec. 1(a) Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist, as follows: This RULE is not met as evidenced by: Based on clinical record and policy review and staff interview, the agency failed to ensure visits had been provided as ordered on the plan of care in 2 (#2 and #3) of 3 records reviewed of patients receiving more than one service with the potential to affect all of the agency's patients. The findings include: 1. Clinical record number #2, start of care (SOC) 3-13-12, included a plan of care for the certification period 11-8-12 to 1-6-13 with orders for the skilled nurse to visit one (1) time a week for nine (9) weeks and the home health aide was to visit one (1) time weekly for 9 weeks. The record evidenced a home health aide visit was missed during week 1 (11/8/12-11/10/12) and week 8 (12/23/12-12/29/12). A skilled nursing visit was missed week 9 (12/30/12-1/5/13). In an interview on 1/23/13 at 11:00 AM, Employee A indicated there was no other	N 522		2/11/13	

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N 522	<p>Continued From page 4</p> <p>documentation available for the medical record and the visits were missed.</p> <p>2. Clinical record number #3, SOC 2-23-12, included a plan of care for the certification period 12-19-12 to 2-16-13 with orders for the skilled nurse to visit one (1) time weekly for nine (9) weeks. The record included documentation of a missed skilled nursing visit week 1 (12/19/12 to 12/22/12) and week 3 (12/30/12-1/5/13).</p> <p>A. The record evidenced a home health aide visit was made 12/19/12, 12/24/12, 12/26/12, 1/2/13 and 1/7/13. The plan of care failed to evidence orders for home health aide services.</p> <p>B. Employee A, on 1/23/13 at 11:00 AM, indicated there was no other documentation available that indicated the patient was to have home health aide services. The home health aide services had been provided without an order.</p> <p>3. The policy C-580, undated, titled "Dinamic Home Health-Plan of Care states, "Medical care shall follow a written medical plan of care established and periodically reviewed by the physician, dentist, chiropractor, optometrist or podiatrist."</p>	N 522			